THE PATENT OFFICE IS HEREBY REQUESTED TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING DOCUMENTS BY DATE STAMPING AND RETURNING THIS POST CARD

Serial No: 200 122 183

Applicants: Lin, et al.

Filed: May 23, 1994 Examiner: M. Allen Group Art Unit: 1645

Title: Glial Cell Line-Derived Neurotrophic Factor

1 pg Fee Authorization/Amendment Transmittal Letter + 1 copy 17 pgs Transitional Provisions Submission After Final Rejection

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Via First Class Mail BADEW May 5, 1998

Amgen Inc. 1840 DeHavilland Drive Thousand Oaks, CA 91320-1789

AMGEN

Box AF. Assistant Commissioner for Patents Washington DC 20231

PATENT APPLICATION Attorney's Docket No: SYNE-225E FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER (SYNE225/C4-US) Filing Date Examiner Group Art Unit Serial No. May 23, 1994 Marianne P. Allen 08/182,183 1645 In Re Application of Lin, et al. For Glial Cell Line-Derived Neurotrophic Factor TO THE ASSISTANT COMMISSIONER FOR PATENTS: Applicant(s) request(s) the following extension of time under 37 C.F.R. 1.136(a): One month of original due date (\$110.00) Two months of original due date (\$400.00) ☐ Three months of original due date (\$950.00) Four months of original due date (\$1,510.00) Five months of original due date (\$2,060.00) A response in connection with the matter for which this extension is requested: is filed herewith. ☐ has been filed. The response is a filing of a Transitional Provisions Submission After Final Rejection under 37 C.F.R. §1.129(a) The accompanying papers include amended claims for which no additional fee is required. The accompanying papers include amended claims the fee for which has been calculated as follows: CLAIMS AS AMENDED (6)(1) (3) No. of extra Highest number **Additional** Claims remaining after amendment previously paid for claims present Rate Fee x \$22 **Total Claims** Minus 122 = 396.00*140 18 Minus x \$82 Indep. Claims = 328.0019 15 First Appearance of a multiple dependent claim +\$270 Total Additional Fee for this Amendment 724.00 "If the entry in column 2 is less than the entry in column 4, write "0" in column 5. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The following other fees are incurred by the accompanying papers. Other: \$790.00-Transitional Provisions Submission After Final Rejection under 37 C.F.R. §1.129(a) Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 1.914.00. A duplicate copy of this petition is attached. If an additional extension of time is required, please consider this a request therefore. The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519. Please Send Future Correspondence To:

U.S. Patent Operations/DRC

Dept. 430, M/S 27-4-A

AMGEN INC.

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Daniel R. Curry Attorney for Applicants Registration No.: 32,727

Phone: (805) 447-8102 Date: May 5, 1998

CERTIFICATE OF MAILING

| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to the Assistant | |
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